Approved for use through 7731/2005, OMB GEST AND Patient and Trademark Office; U.S. DEPARTMENT OF COMMENT

PATEN	T APPLICATION	FEE DE	FRMINAT	ION RECOR	d beformellen u	dess t de	Mary a valid cou	@ Lough of units
PATENT APPLICATION FEE DETERMINATION REC Substitute for Form PTO-876						10:77/4027		
	CLAIMS AS FILED	- PARTI	•		•			70
	and a second sec		Cotemn 2)	SMALL ENTITY		OR	OTHER THAN	
FOR MANGER FLED		. 100	· MAGER EXTRA				SWALL BUILT	
BASIC FEE (57 CFR £10(s))			·	PATE	FEE	4	RATE	
TOTAL CLASSES 17 17				┫┢┯┷	385.6	g on		1790.0
GT OFR (.10(c))	7 2		•	1 x 25		OR	× 50 .	1
ST OFA LIB(b)) Judes 3 -			100		1	,200.		
MALTIPLE DEPENDENT CLASH PRESENT ST'OFR LINGS				1./80.		OR.		-
" If the citizennes in existent, I is less than zero, order '0" in column 2.				-	-	ÓR.	1-860	+
•	TOTAL	<u> </u>	DR	TOTAL				
CLAIMS AS AMENDED - PARTII								
	okann 1)	(Column 2)	(Column 3)	. SMALI	LENITY .	OR	OTHE	R THAN
<u>مرا ا ا ع</u>	CLARAS. EMAINING	MOKEST .	PRESENT		1.		SMALL	. EVITIVE
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AFTER EIRMENT	PREVIOUSLY PAID FOR	EXTRA	RATE	THOMAL		RÀTE .	ADD4
Total Carcan Lines	C Gran.	-7777-	10-7	1	I FEE			TIONAL
AM Green condition of the condition of t	Li Mina			2 25	-	OR	×450	
				14/00 14/00		OR	*:200	
Реду желентариот частверення сим фостация.				1.180		OR	+860	. :
1 20 AL	•	••		ADOL FEE		OR .	TOTAL.	-
468100 c	Amn 1)	(Column 2)	(Column 3)			-11	ADDLESS	
	MANAS BIRICAM	HICHEST MANDER	PRESENT					
51. · · · · ·	POLESCO .	PREVIOUSLY	EXTRA	RATE	TIONAL	· 1	RATE	ADDI- TIDIKAL
C CF	1199	PADFOR .	-	25	TEE:			FEE
The state of the s		://				OR L	×.50	
Σ				100		OR L	× 200	
FREE PRESENTATION OF MATERIE DEPENDENT CLASS. (IT OFF LINES)				180		OR T	+200	-
Olive Inch	• • •			ADD'S REE		OR .	TOTAL	
1 14 UQ(Column 1) (Column 2) (Column 3)						• • •	ADOUTEE	<u> </u>
U AID and	AMS ANING	HAGHEST HUMBER						
SIUU.IVU N	PTER I	REVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL	ŀ	RATE	ADDI-
Total Total	MDMENT Minus **	PARFOR	- /	135.4	FEE	. L	<u></u> L	FEE .
Z Independent	/ Mires =			··25		OR J	· 50.	
Z	-/	-/-	· · ·	× 100		OR 3	200 I	
FRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (ST CPR 1.16(4))				120		OR.	260	
•				RUTAL ADDIL FEE		1	OTAL	 -
3.8 The entry in colone 1 is term than the unity in colonical writer Waterstrom 2.								
*** I be Torrier to make Device to the Cold Cold Cold Cold Cold Cold Cold Cold								
The Highest Humber Provincely Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.								

This collection of information is required by 37 CFR 1.16. The information is required to eitain or replan a benefit of the public which is in the fact by the public which is in the fact by the public which is in the fact by the public which is including privating, preparing, and submitting the completed application form to the USFTO. There all vary depending upon the included application form to the USFTO. There all vary depending upon the included case. Any comments on the executed of time you emplain to complete this form emitted expressions for reducing the burdon, should be sent to the Chief advantation Officer, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, BO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2213-1450.